

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 94

For Official Use Only

Statement covers period

from 10/01/2008

through 12/31/2008

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

To correct summary page totals

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
980331

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Francisco	CA	94105	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Francisco	CA	94105	

OPTIONAL: FAX/E-MAIL ADDRESS

pwoudstra@yahoo.com

## Treasurer(s)

NAME OF TREASURER

Pamela Woudstra

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ripon	CA	95366	209-471-2822

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/31/2009

DATE

By Pamela Woudstra

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 94

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/01/2008 through 12/31/2008	<b>CALIFORNIA FORM 460</b> Page 3 of 94 I.D. NUMBER 980331
------------------------------------------------------------------	------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$55,123.91	\$170,248.66
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$55,123.91	\$170,248.66
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$2,100.00	\$9,210.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$57,223.91	\$179,458.66

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$0.00	\$173,329.01
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$0.00	\$173,329.01
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$2,100.00	\$9,210.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$2,100.00	\$182,539.01

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$160,914.85	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$55,123.91	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00	
15. Cash Payments .....	Column A, Line 8 above	\$0.00	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$216,038.76	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 4 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2008	Thomas Weed Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	William Fein Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Denise Satterfield Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$1,095.00	\$2,095.00	

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$41,088.91

2. Amount received this period - unitemized contributions of less than \$100 ..... \$14,035.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$55,123.91

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 5 of 94		
NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Denise Kayser Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Kevin Denny San Francisco, CA 94115-1820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 6 of 94
		I.D. Number 980331

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12/25/2008	Tay Weinman San Pedro, CA 90731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$50.83	\$407.49	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Paul Prendeville Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$200.00	\$900.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/22/2008	Robert Goldberg Los Angeles, CA 90095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jules Stein Eye Institute Ophthalmologist	\$95.00	\$1,095.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2008	
through	12/31/2008	Page 7 of 94
		I.D. Number 980331

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	John Bosetti Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Robert Kolarczyk Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$345.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 8 of 94
		I.D. Number 980331

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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2008	Eduardo Besser Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$76.66	\$271.66	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Maria Castillejos Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Medical Surgeons Inc. Ophthalmologist	\$100.00	\$500.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Lionel Sorenson Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 9 of 94		
I.D. Number 980331		

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	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Lynn Gordon Los Angeles, CA 90095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veterans Affairs Ophthalmologist	\$41.66	\$589.94	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Robert Trent Redding, CA 96002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$564.79	\$1,064.79	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/25/2008	Nazareth Darakjian Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$95.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Lincoln Manzi Fountain Valley, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Colin Arnold Sacramento, CA 95823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$595.00	\$690.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
Page <u>11</u> of <u>94</u>		I.D. Number 980331

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California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	John F Hills Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/25/2008	Louis Kleiger Rancho Cordova, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Permanente Medical Group Ophthalmologist	\$95.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 12 of 94
NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California		I.D. Number 980331

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2008	Craig Kliger San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Academy of Eye Physicians & Surgeons Ophthalmologist	\$201.66	\$1,428.28	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Gloria Wu Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Stephen Meffert Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
Page <u>13</u> of <u>94</u>		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/24/2008	Thomas Kidwell Rancho Cordova, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Medical Group Ophthalmologist	\$670.00	\$1,265.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Michael Schermer Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$35.00	\$410.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>14</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2008	Andrew Calman Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$290.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Marc Lieberman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$345.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Mark Mandel Hayward, CA 94541-2977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$208.33	\$2,386.63	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
Page <u>15</u> of <u>94</u>		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Peter Joson Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$41.74	\$463.36	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Francisco Garcia San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$345.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 16 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2008	Alan Mandelberg North Hollywood, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Kent Small Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$625.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Kim Doan Newport Beach, CA 95663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$41.66	\$469.84	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 17 of 94		
I.D. Number 980331		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

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	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Bradley Greider Vista, CA 92083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$440.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Ngoc Nguyen San Jose, CA 95116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$595.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 18 of 94

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

I.D. Number  
980331

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2008	Steven Fogg Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/26/2008	Robert R. Anderson Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$845.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Bruce Becker Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>19</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Ronald Morton Bakersfield, CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden State Eye Ophthalmologist	\$280.00	\$2,240.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Paul Urrea Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$100.00	\$745.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 20 of 94
		I.D. Number 980331

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12/24/2008	Andrew Caster Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$95.00	\$845.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Ronald Evans Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$165.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Tay Weinman San Pedro, CA 90731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$55.83	\$407.49	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>21</u> of <u>94</u>
		I.D. Number 980331

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	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Sok Nam Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$166.66	\$1,030.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/10/2008	Peter Levin Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$440.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>22</u> of <u>94</u>
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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2008	Holly Spanggord Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$200.00	\$900.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Jeremy Levenson Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Ronald Foltz Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$595.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 23 of 94		
I.D. Number 980331		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Roger Steinert Irvine, CA 92697	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Ronald Morton Bakersfield, CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden State Eye Ophthalmologist	\$280.00	\$2,240.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
Page <u>24</u> of <u>94</u>		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2008	Stephanie Po Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$30.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Teresa Rosales Rolling Hills Estates, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Lawrence Geisse Los Alimitos, CA 90720-0250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$345.00	\$940.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>25</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Nancy Wang Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$30.00	\$200.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Herman Rundle Santa Rosa, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$845.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
Page <u>26</u> of <u>94</u>		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

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11/13/2008	Stuart Paul Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Peter Cornell Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$195.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/24/2008	Anne Benton Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$115.83	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 27 of 94
		I.D. Number 980331

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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Jodi Smith Glendora, CA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$83.40	\$375.02	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Steven Zelko Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$595.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
Page <u>28</u> of <u>94</u>		I.D. Number 980331

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12/24/2008	Michele Lim Sacramento, CA 95817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UC Davis Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Craig Kliger San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Academy of Eye Physicians & Surgeons Ophthalmologist	\$196.66	\$1,428.28	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Daniel Beers Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2008	
through	12/31/2008	Page 29 of 94
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/22/2008	David Demartini Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$460.00	\$460.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Robert Schechter Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Ophthalmologist	\$30.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 30 of 94
		I.D. Number 980331

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California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

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10/11/2008	Andrew Henrick Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$200.00	\$1,400.02	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	David Marshburn Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Barry Smith Visalia, CA 93277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$95.00	\$195.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
Page <u>31</u> of <u>94</u>		I.D. Number 980331

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	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Calvin Eng Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$345.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	W. Benton Boone Inglewood, CA 90301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
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		Page <u>32</u> of <u>94</u>
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12/31/2008	Joseph Darr Indian Wells, CA 92210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$25.00	\$150.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Donald Goldstein North Hollywood, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$440.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Barbara Arnold Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$595.00	\$595.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 33 of 94
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Roger Carlson Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Redwood Eye Center Ophthalmologist	\$345.00	\$345.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Howard Krauss Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$1,095.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 34 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2008	Kim Cooper Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$1,095.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Todd Auker Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$30.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Matthew Jones Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$95.00	\$1,095.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 35 of 94		
NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Joseph Barakeh Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Stuart Brown La Jolla, CA 92093	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shiley Eye Center - UCSD Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2008	
through	12/31/2008	Page 36 of 94
NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2008	Mark Mandel Hayward, CA 94541-2977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$208.33	\$2,386.63	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	David Yu Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$1,040.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Kim Doan Newport Beach, CA 95663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$83.22	\$469.84	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b> Page 37 of 94
I.D. Number 980331		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	John Schofield Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$290.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Rodney Remington Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
Page <u>38</u> of <u>94</u>		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2008	Sok Nam Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$83.37	\$1,030.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/22/2008	Kevin Miller Los Angeles, CA 90095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/26/2008	David Chang Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$595.00	\$1,690.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 39 of 94		
I.D. Number 980331		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/25/2008	Paul Urrea Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$100.00	\$745.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/24/2008	Martin Fishman Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spectrum Eye Physicians Ophthalmologist	\$595.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>40</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2008	James Salz Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laser Vision Medical Ophthalmologist	\$95.00	\$440.08	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	David L Davis Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$30.00	\$155.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Paul Urrea Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$745.00	
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 41 of 94		
I.D. Number 980331		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/22/2008	Scott Grant Fullerton, CA 92835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Marta Recasens Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>42</u> of <u>94</u>
NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/25/2008	Joseph Kerendian Northridge, CA 91325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Craig Kliger San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Academy of Eye Physicians & Surgeons Ophthalmologist	\$196.66	\$1,428.28	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Kayur Shah Mission Hills, CA 91345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$195.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>43</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

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	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Brian Boxer Wachler Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Robyn Cohen La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>44</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2008	John McBeath Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Thomas Reid Bishop, CA 93514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Sidney Weiss Mission Viejo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$110.00	\$595.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 45 of 94		
I.D. Number 980331		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	David L Davis Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$35.00	\$155.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/24/2008	Ronald Morton Bakersfield, CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden State Eye Ophthalmologist	\$135.00	\$2,240.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>46</u> of <u>94</u>
NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2008	David Chia Irvine, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Rulon Beesley Lancaster, CA 93534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$35.00	\$405.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Mireille Hamparian Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$100.00	\$695.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b> Page 47 of 94
I.D. Number 980331		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Alesandro Castellarin Santa Barbara, CA 93103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Michael Schermer Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$30.00	\$410.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 48 of 94
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2008	Kimberly Cockerham San Francisco, CA 94143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$368.33	\$731.66	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	James Dowling Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$295.00	\$295.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Douglas Pulley San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 49 of 94		
I.D. Number 980331		

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	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/26/2008	Michael Waxman Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Medical Group Ophthalmologist	\$595.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Kenneth Low Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$166.66	\$1,833.30	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 50 of 94
		I.D. Number 980331

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NAME OF FILER

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10/11/2008	Lynn Gordon Los Angeles, CA 90095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veterans Affairs Ophthalmologist	\$83.32	\$589.94	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Eric Kahle Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$95.00	\$155.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Kenneth Low Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$83.33	\$1,833.30	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 51 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Lynn Gordon Los Angeles, CA 90095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veterans Affairs Ophthalmologist	\$120.00	\$589.94	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Lee Shahinian Jr. Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$440.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 52 of 94
		I.D. Number 980331

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12/25/2008	Sidney Weiss Mission Viejo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$110.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Gerald Bowns Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Rulon Beesley Lancaster, CA 93534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$30.00	\$405.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>53</u> of <u>94</u>
		I.D. Number 980331

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	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Paul Ryan Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$595.00	\$790.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Donna Lee Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from 10/01/2008		<b>CALIFORNIA FORM 460</b>
through 12/31/2008		
Page 54 of 94		I.D. Number 980331

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11/22/2008	J. Fraser Muirhead Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Ophthalmologist	\$75.00	\$350.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Stephen McLeod San Francisco, CA 94143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UC San Francisco Ophthalmologist	\$95.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Christopher Gualtieri San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eye Laser & Vision Center Ophthalmologist	\$500.00	\$800.00	
<b>SUBTOTAL</b>						

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Page <u>55</u> of <u>94</u>		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Gilbert Perlman Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$25.00	\$125.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	W. Lee Wan Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$285.00	\$535.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>56</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2008	John Zdral Fullerton, CA 92835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$95.00	\$440.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/26/2008	Peter Joson Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$35.00	\$463.36	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Laura Fox Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$1,095.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>57</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Julie Perry St. Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$595.00	\$845.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Alfred Solish Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$690.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 58 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2008	Kim Doan Newport Beach, CA 95663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$41.66	\$469.84	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Ronald Morton Bakersfield, CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden State Eye Ophthalmologist	\$300.00	\$2,240.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Ira Opatowsky Lancaster, CA 93534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$345.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2008	
through	12/31/2008	Page 59 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Nicholas Zubyk San Diego, CA 92110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Jonathan Davidorf West Hills, CA 91307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$195.00	\$390.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>60</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2008	Warren Reingold North Hollywood, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Rulon Beesley Lancaster, CA 93534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$30.00	\$405.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Ma'an Nasir Santa Barbara, CA 93103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA Ophthalmologist	\$95.00	\$190.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>61</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Robert Jones Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$535.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	David Scott Santa Clara, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 62 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/24/2008	John R. Campbell San Rafael, CA 94901-2850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$690.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Robert Avery Santa Barbara, CA 93103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/10/2008	Maria Castillejos Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Medical Surgeons Inc. Ophthalmologist	\$100.00	\$500.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2008	
through	12/31/2008	Page 63 of 94
		I.D. Number 980331

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Coral Smith Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Ophthalmologist	\$75.00	\$350.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Jose Briones Jr. Glendora, CA 91740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2008	
through	12/31/2008	Page 64 of 94

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California	I.D. Number 980331
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2008	Mark Sawusch Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Tay Weinman San Pedro, CA 90731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$50.83	\$407.49	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	David Shultz Northridge, CA 91325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>65</u> of <u>94</u>
		I.D. Number 980331

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	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Ming Lu Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Stanley Carson Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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OTH - Other  
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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
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Page <u>66</u> of <u>94</u>		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/25/2008	Fane Robinson San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$490.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Randall Nguyen Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	L. Wayne Freeman Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$195.00	\$195.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>67</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Michael Sumison Redding, CA 96001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Robert Innocenzi Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$575.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>68</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2008	David J Najafi La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Paul Urrea Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$100.00	\$745.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Ronald Smith Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Ophthalmologist	\$95.00	\$345.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 69 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	John Irvine Los Angeles, CA 90033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USC Ophthalmologist	\$95.00	\$690.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Nicholas Marsico Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$250.00	\$450.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>70</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/25/2008	Kimberly Cockerham San Francisco, CA 94143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$363.33	\$731.66	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Kenneth Diddie Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Physician	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Ronald Evans Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$165.00	\$595.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b> Page 71 of 94
I.D. Number 980331		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/25/2008	Nancy Wang Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$30.00	\$200.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/15/2008	Kenneth Low Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self -- No Business Name Ophthalmologist	\$83.33	\$1,833.30	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>72</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2008	Christopher Lyon Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$315.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	V. Nicholas Batra San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$2,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/22/2008	Andrew Doan San Diego, CA 92134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$95.00	\$260.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>73</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Susan Day San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSF Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Fox Boswell Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$1,090.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2008 through 12/31/2008		<b>CALIFORNIA FORM 460</b>
Page 74 of 94		
NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2008	Anthony Arnold Los Angeles, CA 90095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jules Stein Eye Institute Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Paul Blacharski Loma Linda, CA 92354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$440.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/14/2008	Carmen Puliafito Los Angeles, CA 90033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USC School of Medicine Ophthalmologist	\$95.00	\$190.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>75</u> of <u>94</u>
		I.D. Number 980331

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Jonathan Perlman Woodland, CA 95695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Perlman Center For Eye & Eyelid Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Christopher Ta Palo Alto, CA 94304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford Ophthalmologist	\$95.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 76 of 94
		I.D. Number 980331

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10/24/2008	Floyd Wergeland Jr. Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Eye Physicians Ophthalmologist	\$25.00	\$275.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Richard Havunjian Glendale, CA 91204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$345.03	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/24/2008	Kristin Nesburn Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$345.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2008	
through	12/31/2008	Page 77 of 94
NAME OF FILER California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/10/2008	Liugi Borillo Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$345.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Robert Edelman Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$285.00	\$285.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 78 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2008	Michael Couris San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$345.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/24/2008	Laurence Roer Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$345.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Mireille Hamparian Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$200.00	\$695.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>79</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/10/2008	Mark Wieland Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$195.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/11/2008	Mark Mandel Hayward, CA 94541-2977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$416.66	\$2,386.63	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>80</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2008	Sean Dumars Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Robert Sorenson Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/22/2008	Jared Younger Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$145.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2008	
through	12/31/2008	Page 81 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	David Chia Irvine, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$250.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	James Tearse Redwood City, CA 94063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$345.00	\$525.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2008		
through 12/31/2008		Page 82 of 94
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2008	Edwin Boldrey San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$595.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/14/2008	Andrew Phillips Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$190.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/17/2008	Robert Engstrom Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF -- No business name Ophthalmologist	\$345.00	\$845.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>83</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/26/2008	CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA	\$6,000.00	\$15,210.00	
12/31/2008	William Basuk La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Ophthalmologist	\$250.00	\$250.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
12/31/2008	Mark Mandel Hayward, CA 94541-2977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$2,386.63	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>84</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
11/13/2008	Tony Pruthi Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$1,095.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/24/2008	Leland Rosenblum Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$773.35	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2008</u>		
		Page <u>85</u> of <u>94</u>
		I.D. Number 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2008	Steven Dresner Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$440.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
10/22/2008	Sam Masket Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - No Business Name Ophthalmologist	\$95.00	\$690.00	
	***INTERMEDIARY*** CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$41,088.91		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 10/01/2008  
through 12/31/2008

CALIFORNIA  
FORM **460**

Page 86 of 94

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

I.D. NUMBER

980331

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/01/2008 through 12/31/2008	<b>CALIFORNIA FORM 460</b>
	Page 87 of 94
I.D. Number 980331	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2008 through 12/31/2008	<b>CALIFORNIA FORM 460</b>
	Page 88 of 94
I.D. Number 980331	

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NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2008	CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA	Staff time/indirect costs	\$700.00	\$15,210.00	
11/25/2008	CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA	Staff time/indirect costs	\$700.00	\$15,210.00	
12/25/2008	CALIFORNIA ACADEMY OF EYE PHYSICIANS AND SURGEONS San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NA NA	Staff time/indirect costs	\$700.00	\$15,210.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$2,100.00

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)..... \$2,100.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** \$2,100.00

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		SCHEDULE D	
from	10/01/2008	CALIFORNIA FORM <b>460</b>	
through	12/31/2008	Page 89 of 94	
		I.D. NUMBER 980331	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
- Unitemized contributions and independent expenditures made this period of under \$100 .....
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 10/01/2008 through 12/31/2008	<b>CALIFORNIA FORM 460</b>
	Page 90 of 94
	I.D. NUMBER 980331

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....
2. Unitemized payments made this period of under \$100. ....
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL** .....

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 10/01/2008  
through 12/31/2008

CALIFORNIA  
FORM 460

Page 91 of 94

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

I.D. NUMBER  
980331

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS**

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \_\_\_\_\_  
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/01/2008
through 12/31/2008

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

I.D. NUMBER
980331

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. The table contains multiple empty rows for data entry.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\*

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period  
from 10/01/2008  
through 12/31/2008

CALIFORNIA  
FORM 460

Page 93 of 94

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

I.D. NUMBER  
980331

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID   <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID   <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

\*\* If Required

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 10/01/2008  
through 12/31/2008

CALIFORNIA  
FORM **460**

Page 94 of 94

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Academy of Eye Physicians and Surgeons PAC aka MDeyePAC of California

I.D. NUMBER

980331

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$0.00

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$0.00
2. Unitemized increases to cash under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$0.00

FPPC Form 460 (June/01)  
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